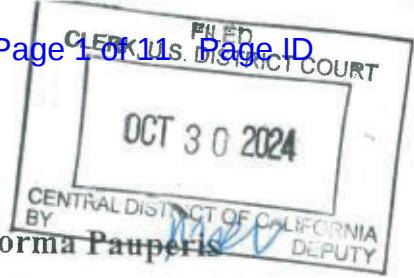


UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT



Form 4. Motion and Affidavit for Permission to Proceed in *Forma Pauperis*

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name **MCGILLIVRAY v. NETFLIX**

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature 

Date **10/17/24**

The court may grant a motion to proceed in *forma pauperis* if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal. Please state your issues on appeal. (attach additional pages if necessary)

- 1.) DISMISSAL OF THE FOLLOWING CLAIMS BY THE DISTRICT COURT WAS ERROR:
 - a.) LANHAM ACT FALSE ENDORSEMENT
 - b.) COPYRIGHT ACT
 - c.) FEDERAL CIVIL RICO
 - d.) CALIFORNIA DEFAMATION - GABRIEL SANCHEZ & JEFF STRICKER, INDIVIDUALLY ONLY
- 2.) DISTRICT COURT'S AWARD OF ATTORNEY FEES WAS ERROR

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Self-Employment	\$ <input type="text" value="60"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="60"/>	\$ <input type="text" value="0"/>
Income from real property (such as rental income)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Interest and Dividends	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Gifts ESTIMATED	\$ <input type="text" value="130"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Alimony	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Child Support	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Disability (such as social security, insurance payments)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Unemployment Payments	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Public-Assistance (such as welfare)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other (specify) N/A	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
TOTAL MONTHLY INCOME:	\$ <input type="text" value="190"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="60"/>	\$ <input type="text" value="0"/>

Employer	Address	Dates of Employment	Gross Monthly Pay
NJ DEPARTMENT OF CORRECTIONS NJ STATE PRISON	3RD FEDERAL STS, PO BOX 861 TRENTON, NJ 08625-0861	From 5/31/19 To 10/17/24	\$ 60.00
N/A	N/A	From N/A To N/A	\$ Q
N/A	N/A	From N/A To N/A	\$ Q
N/A	N/A	From N/A To N/A	\$ Q

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A	N/A	From N/A To N/A	\$ Q
N/A	N/A	From N/A To N/A	\$ Q
N/A	N/A	From N/A To N/A	\$ Q
N/A	N/A	From N/A To N/A	\$ Q

4. How much cash do you and your spouse have? \$ a

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
NJ DEPARTMENT OF CORRECTIONS	INMATE TRUST ACCOUNT	\$ 54.26	\$ &
N/A	N/A	\$ &	\$ &
N/A	N/A	\$ &	\$ &
N/A	N/A	\$ &	\$ &

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
N/A	\$ &	N/A	\$ &
Motor Vehicle 1: Make & Year	Model	Registration #	Value
N/A	N/A	N/A	\$ &
Motor Vehicle 2: Make & Year	Model	Registration #	Value
N/A	N/A	N/A	\$ &

Value

N/A	\$	Q
N/A	\$	Q
N/A	\$	Q

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
N/A	\$ Q	\$ Q
N/A	\$ Q	\$ Q
N/A	\$ Q	\$ Q

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by you and your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
- Are real estate taxes included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Home maintenance (repairs and upkeep)	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Food	\$ <input type="text" value="20"/>	\$ <input type="text" value="Q"/>
Clothing	\$ <input type="text" value="30"/>	\$ <input type="text" value="Q"/>
Laundry and dry-cleaning	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Medical and dental expenses	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Transportation (not including motor vehicle payments)	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="10"/>	\$ <input type="text" value="Q"/>
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
- Life	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
- Health	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
- Motor Vehicle	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
- Other <input type="text" value="N/A"/>	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text" value="N/A"/>	\$ <input type="text" value="Q"/>	\$ <input type="text" value="Q"/>

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

	You	Spouse
Installment payments		
- Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Credit Card (name) <input type="text" value="N/A"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Department Store (name) <input type="text" value="N/A"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Alimony, maintenance, and support paid to others	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other (specify) <input type="text" value="LEGAL COST & EXPENSES"/>	\$ <input type="text" value="140"/>	\$ <input type="text" value="0"/>
TOTAL MONTHLY EXPENSES	\$ <input type="text" value="200"/>	\$ <input type="text" value="0"/>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? Yes No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I WAS HOMELESS WHEN I WAS ARRESTED, I HAVE NO REAL FAMILY SUPPORT, & I HAVE SPENT EVERYTHING I HAD ON MY APPEALS, HABEAS PETITION, & CIVIL RIGHTS LAWSUITS

12. State the city and state of your legal residence.

City

State

Your daytime phone number (ex., 415-355-8000)

Your age

Your years of schooling

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

INSTRUCTIONS for Form 23. CJA Financial Affidavit

- Use Form 23 only in a criminal or habeas corpus appeal.
- Use Form 23 only to support a request for waiver of fees or a motion for appointment of counsel or other legal services at government expense.
- If you are not represented by counsel and are requesting appointment of counsel, attach a completed Form 24 Motion for Appointment of Counsel to Form 23.

If you are a self-represented party who is not registered for electronic filing, mail the completed form to: U.S. Court of Appeals for the Ninth Circuit, P.O. Box 193939, San Francisco, CA 94119-3939.

To file Form 23 electronically, use the electronic document filing type "CJA Form 23 Financial Affidavit."

How to prepare fill-in forms for filing:

- If you have Adobe Acrobat or another tool that lets you save completed forms:
 1. Complete the form.
 2. Print the completed form to your PDF printer (File > Print > select Adobe PDF or another PDF printer listed in the drop-down list).
- If you do not have Adobe Acrobat or another tool that lets you save completed forms:
 1. Complete the form.
 2. Print the completed form to your printer.
 3. Scan the completed form to a PDF file.

Note: The fill-in PDF version of the form is available on the court's website at <http://www.ca9.uscourts.gov/forms/>.

Do not file this instruction page

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Rev. 12/01/18

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
Prisoner Authorization Form

9th Cir. Case Number: _____

I, CALEB L. MCGILLVARY, am the Appellant in the above case number.

I understand that I am required by statute to pay the full amount of the \$505.00 docketing and filing fees for this appeal, regardless of my forma pauperis status, and regardless of the disposition of this appeal. I hereby authorize the prison officials at this institution to assess, collect, and forward to the district court the full amount of these fees, in monthly increments based on 20 percent of the average of deposits to or balance in my prison trust account, subject to the provisions set forth in 28 U.S.C. § 1915(b).

I understand that I am not responsible for payment when the funds in my trust account total less than \$10.00, but that payments will resume when additional deposits are made or funds are otherwise available.

NAME CALEB L. MCGILLVARY

SIGNATURE XAP

CASE NO. _____

PRISONER I.D. NO. 1222665/SB#102317G

PRISON FACILITY NJ STATE PRISON

ADDRESS Po Box 861 TRENTON, NJ
08625-0861

DATE 10/17/24

Mail this form to the Court at:

Clerk, U.S. Court of Appeals for the Ninth Circuit, P.O. Box 193939, San Francisco, CA 94119-3939

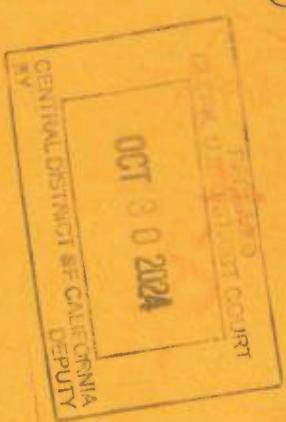
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122665/SA1 #1023176
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RENTON, NJ
8625



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